

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
OF THE STATE OF FLORIDA, IN AND FOR _____ COUNTY,
JUVENILE DIVISION

IN THE INTEREST OF:

CASE NO:

JUDGE:

MINOR CHILD(REN)

_____ /

GUARDIAN AD LITEM REPORT TO THE COURT

Guardian ad Litem:

Type of Hearing: **Disposition**

Date of Hearing:

Time of Hearing:

Date of Report:

I. RECOMMENDATIONS

A. The Guardian ad Litem respectfully makes the following recommendations:

1. Disposition: Should the child be adjudicated dependent as to the mother?
Should the child be adjudicated dependent as to the father?
2. Placement: Type of Placement (Relative/Non-relative/Foster Home/Group Home)
Are siblings placed together?
Should the child's placement remain the same? If not what should the new placement be? Why?
3. Visitation: Recommendation for visitation with the mother?
(supervised, unsupervised, no contact)
Recommendation for visitation with the father?
(supervised, unsupervised, no contact)
Recommendation for visitation with siblings (if not placed together)
4. Services Needed for Child: Use this space to list any additional services that the child needs (i.e. therapy, medical referrals, school services etc.)

B. The Guardian ad Litem respectfully requests that the Court consider the following:

1. The Child's Wishes (state what the child's wishes are as to placement, visitation etc. If the child is non-verbal indicate that in this section):

II. COMPLIANCE WITH THE CASE PLAN

- A. The Case Plan has been agreed upon by all parties and should be approved by the Court **or**
Case Plan approved by court on (date) **or**
Case Plan has not been approved by Court
- B. Mother's Compliance (name)
 - 1. List tasks mother is complying with and information about who you talked with to verify that compliance.
- C. Father's Compliance (name)
 - 1. List tasks father is complying with and information about who you talked with to verify that compliance.
- D. DCF's Compliance with Court ordered tasks
 - 1. (i.e. visitation, referral for services etc.)
- E. Parents/DCF Compliance with Visitation (i.e number of visitations scheduled, attended and missed)
 - 1.

III. GUARDIAN AD LITEM INVOLVEMENT

- A. Date GAL appointed:
- B. The children were seen (list date and description of their adjustment to their placement):
- C. Contact with Parents (should be objectively stated)
 - 1. i.e. Gal spoke with Mrs. Smith on 00/00/00. She stated that.....
- D. Persons Contacted (should be objectively stated. Be sure to include person's name[unless it is a foster parent], title and agency [if applicable]).
 - 1.

IV. HISTORY OF THE CASE

- A. Date of Shelter and brief summary of original allegation:
- B. Total Time Children in Care:
- C. Summary of Placements:

Respectfully Submitted,

Guardian ad Litem
Guardian ad Litem Program

Case Coordinator
Guardian ad Litem Program

Program Attorney
Guardian ad Litem Program

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by U.S.

Mail /facsimile/hand delivery this ** day of ***, 2004, to:_____

By:_____

Program Attorney
Guardian ad Litem Program